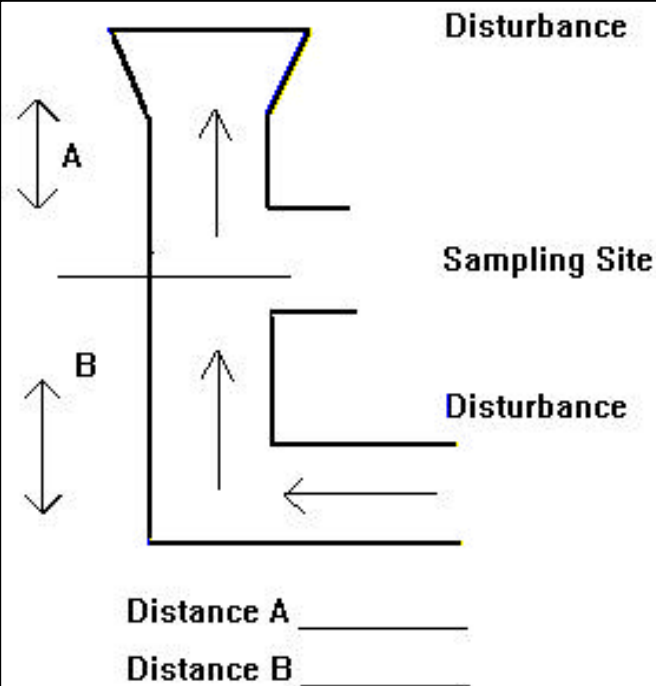


Relative Accuracy Test Audit Notification Protocol

Indiana Department of Environmental Management
Office of Air Quality/Compliance Data Section
100 N Senate, Post Office Box 6015
Indianapolis, IN 46206-6015
Phone: 317/232-8338 Fax: 317/233-6865

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------|----------|---|--|------------------|--|------------------------------------|--|--------------------------------------|--|-------------------------------------|--|--------------------------------|--|--------------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|--|---|--|
| Date Prepared: | | Proposed Test Date: | | Plant Address: | | Plant Location: | | | | | | | | | | | | | | | | | | | |
| 1. SOURCE INFO: ID/Permit No.: <input style="width: 150px;" type="text"/> | | | | 5. Select Applicable Program | | AGENCY USE ONLY: | | | | | | | | | | | | | | | | | | | |
| Company: | | | | Part 75 Part 60 | | Date Received: | | | | | | | | | | | | | | | | | | | |
| Mail Address: | | | | Annual Semi-Annual | | Approval Date: | | | | | | | | | | | | | | | | | | | |
| City, State, Zip: | | | | Certification Recertification | | Inspector: | | | | | | | | | | | | | | | | | | | |
| Contact: Phone: <input style="width: 100px;" type="text"/> | | | | Other | | Reviewer: | | | | | | | | | | | | | | | | | | | |
| | | | | | | Comments: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. TEST COMPANY INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, State, Zip: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: Phone: <input style="width: 100px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. PROCESS INFORMATION (Submit a Separate Form for Each Unit) | | | | 6. SAMPLE SITE LOCATION | | | | | | | | | | | | | | | | | | | | | |
| Unit to Test: | | | | <div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <p>Does sample port location meet 40 CFR 60, Appx. A, Method 1, Sec. 1.2 Requirements: Yes No</p> <p>If No, explain:</p> </div> </div> | | | | | | | | | | | | | | | | | | | | | |
| Max. Rated Capacity: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proposed Operating Speed: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe Method Used to Determine Operating Level: | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pollution Control Equipment: | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Approximate Stack Gas Flow (ACFM):</td> <td><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>Approximate Stack Gas Temp (deg. F):</td> <td><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>Approximate Stack Gas Moisture (%):</td> <td><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>Number of Points for Method 2:</td> <td><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>Number of Points for Method 4:</td> <td><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>Number of Points for Method 6C:</td> <td><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>Number of Points for Method 7E:</td> <td><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>Anticipated Date of Flow RATAs:</td> <td><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>Anticipated Date of Normal Load Gaseous RATA:</td> <td><input style="width: 100px;" type="text"/></td> </tr> </table> | | | | Approximate Stack Gas Flow (ACFM): | <input style="width: 100px;" type="text"/> | Approximate Stack Gas Temp (deg. F): | <input style="width: 100px;" type="text"/> | Approximate Stack Gas Moisture (%): | <input style="width: 100px;" type="text"/> | Number of Points for Method 2: | <input style="width: 100px;" type="text"/> | Number of Points for Method 4: | <input style="width: 100px;" type="text"/> | Number of Points for Method 6C: | <input style="width: 100px;" type="text"/> | Number of Points for Method 7E: | <input style="width: 100px;" type="text"/> | Anticipated Date of Flow RATAs: | <input style="width: 100px;" type="text"/> | Anticipated Date of Normal Load Gaseous RATA: | <input style="width: 100px;" type="text"/> |
| Approximate Stack Gas Flow (ACFM): | <input style="width: 100px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Approximate Stack Gas Temp (deg. F): | <input style="width: 100px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Approximate Stack Gas Moisture (%): | <input style="width: 100px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Points for Method 2: | <input style="width: 100px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Points for Method 4: | <input style="width: 100px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Points for Method 6C: | <input style="width: 100px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Points for Method 7E: | <input style="width: 100px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Anticipated Date of Flow RATAs: | <input style="width: 100px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Anticipated Date of Normal Load Gaseous RATA: | <input style="width: 100px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Fuel Type: | | | | Provide an Explanation if Performing a Single Load RATA Only: | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input style="width: 100%; height: 30px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| 4. LOAD LEVEL | | | | 4a. Describe Any Deviations from Standard Test Method: | | | | | | | | | | | | | | | | | | | | | |
| LOW | | Test Method | No. Runs | Time | | | | | | | | | | | | | | | | | | | | | |
| | | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3A | | | | | | | | | | | | | | | | | | | | | | | |
| ___ MWG | | 4 | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| MID | | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3A | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4 | | | | | | | | | | | | | | | | | | | | | | | |
| ___ MWG | | 6C | | | | | | | | | | | | | | | | | | | | | | | |
| | | 7E | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other | | | | | | | | | | | | | | | | | | | | | | | |
| HIGH | | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3A | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4 | | | | | | | | | | | | | | | | | | | | | | | |
| ___ MWG | | 6C | | | | | | | | | | | | | | | | | | | | | | | |
| | | 7E | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other | | | | | | | | | | | | | | | | | | | | | | | |

326 IAC 3-6-2(a) requires this completed form to be submitted 35 days prior to the proposed test date to the above address. 326 IAC 2-1.1-7(6)(B) requires any applicable test fee to be submitted with the protocol. (FEE NOT APPLICABLE IF PROGRAM IS FESOP, TITLE V OR VE TESTING ONLY.)